



State of Utah

DEPARTMENT OF COMMERCE
DIVISION OF CONSUMER PROTECTION

**PROFESSIONAL FUND RAISER,
PROFESSIONAL FUND RAISING COUNSEL,
PROFESSIONAL FUND RAISING CONSULTANT
PERMIT APPLICATION FORM**

Annual Application fee: \$250.00 (Non-refundable)

Applicant's Name

Date of Application

OFFICE USE ONLY

Date Issued: _____

Permit Number: _____

Approved: _____

Denied: _____

Expiration: _____

Please indicate whether this is an application for an initial or renewal registration:

☐ INITIAL APPLICATION ☐ RENEWAL APPLICATION

Please indicate the type of application:

☐ PROFESSIONAL FUND RAISER
☐ PROFESSIONAL FUND RAISING COUNSEL
☐ PROFESSIONAL FUND RAISING CONSULTANT

If you have any questions, please contact the Division at (801) 530-6601.

Please return the completed application form to:

Department of Commerce
Division of Consumer Protection
160 East 300 South
SM Box 146704
Salt Lake City, Utah 84114-6704

Dec 2005

See Instructions for Professional Fund Raiser, Professional Fund Raising Counsel, Professional Fund Raising Consultant Permit Application Form.

PART I: APPLICANT'S IDENTIFICATION

1. Applicant's Name: _____

2. Other Names that Applicant Uses: _____

3. Applicant's Street Address: _____

Street

City

State

Zip Code

Telephone Number: _____ Facsimile Number: _____

Applicant's Mailing Address: _____

Street

City

State

Zip Code

Telephone Number: _____ Facsimile Number: _____

4. Type of Organization:

☐ Individual ☐ Partnership ☐ Limited Liability Company ☐ Association

☐ Corporation ☐ Joint Venture ☐ Other _____

5. Contact Person: _____ Telephone Number: _____

6. List the Applicant's business, occupation, or employment for the three (3) year period immediately preceding the date of this application.

PART II: VENDING DEVICE/VENDING DEVICE DECAL

1. Are vending devices/decals to be utilized by Applicant? ☐ Yes ☐ No

If "yes", complete this Part. If "no", go to Part III.

2. Indicate type of device.

3. Please explain the financial arrangement with each charitable organization with regards to the vending device/decal.

4. Please indicate the length of time that the vending device will be utilized, the type of vending device, and the number of devices utilized for each charitable organization.

Name of Charitable Organization	Beginning Date	Expiration Date	Type of Device	Number of Devices
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

5. Please list the location(s) of the vending device(s).

PART III: CHARITABLE ORGANIZATIONS

1. Please provide the name and address of each charitable organization utilizing Applicant's services:

Name

Address

City State/Zip Code

Contract Effective Date:_____

Contract Expiration Date:_____

Name

Address

City State/Zip Code

Contract Effective Date:_____

Contract Expiration Date:_____

Name

Address

City State/Zip Code

Contract Effective Date:_____

Contract Expiration Date:_____

Name

Address

City State/Zip Code

Contract Effective Date:_____

Contract Expiration Date:_____

Name

Address

City State/Zip Code

Contract Effective Date: _____
Contract Expiration Date: _____

Name

Address

City State/Zip Code

Contract Effective Date: _____
Contract Expiration Date: _____

Name

Address

City State/Zip Code

Contract Effective Date: _____
Contract Expiration Date: _____

Name

Address

City State/Zip Code

Contract Effective Date: _____
Contract Expiration Date: _____

2. Attach a copy of all contract agreements with each charitable organization using Applicant's services.
NOTE: Renewal applications should include copies of current contracts if not previously provided.

PART IV: PROFESSIONAL FUND RAISER

1. Is Applicant a Professional Fund Raiser? ☐ Yes ☐ No
If "yes", complete this Part. If "no", go to Part V.

2. State the purpose of the solicitation and use of the contributions to be solicited for each charitable organization.

3. Please check each of the applicable methods by which solicitations will be conducted and indicate the projected length of time that the solicitation will be conducted for each charitable organization.

Method of Solicitation	Dates of Commencement/Termination		Dates of Commencement/Termination
<input type="checkbox"/> telephone	_____/____	<input type="checkbox"/> sell advertising	_____/____
<input type="checkbox"/> direct mail	_____/____	<input type="checkbox"/> sell coupon	_____/____
<input type="checkbox"/> door-to-door	_____/____	<input type="checkbox"/> sell other item	_____/____
<input type="checkbox"/> special events	_____/____	<input type="checkbox"/> other (explain)	_____/____
<input type="checkbox"/> show or performance	_____/____		_____/____

4. Indicate the following information concerning the revenue and expenses **anticipated during the application period** for each charitable organization declared in this application:

A. Name of Charitable Organization: _____

(1) Total amount of contributions projected to be made as a result of the solicitation \$_____

(2) Amount of anticipated expenses of the solicitation

Applicant's fee	\$_____
Cost of collection	\$_____
Salaries	\$_____
Commissions	\$_____
Other expenses	\$_____
explain _____	

(3) Total amount of contributions projected to remain available to this charitable organization. \$_____

[line (1) less line (2)]

(4) Percentage of total contributions that are projected to remain available to this charitable organization. _____%

[line (3) divided by line (1)]

B. Name of Charitable Organization: _____

(1) Total amount of contributions projected to be made as a result of the solicitation \$_____

(2) Amount of anticipated expenses of the solicitation

Applicant's fee	\$_____
Cost of collection	\$_____
Salaries	\$_____
Commissions	\$_____
Other expenses	\$_____
explain _____	

(3) Total amount of contributions projected to remain available to this charitable organization. \$_____

[line (1) less line (2)]

(4) Percentage of total contributions that are projected to remain available to this charitable organization. _____%

[line (3) divided by line (1)]

5. Are the amounts to be earned or received by applicant as set forth above based on a flat fee arrangement? [] Yes [] No If "yes", explain the facts that support the reasonableness of the fees to be paid by each charitable organization declared in this application.
-
-

6. Please provide the following accounting summary for all contributions **collected or received within the calendar year immediately preceding the date of this application:**

A. Name of Charitable Organization: _____

(1) Total amount of contributions collected or received by Applicant from Utah sources. \$ _____

(2) Total amount of contributions collected or received by Applicant from all Donors [including line (1)]. \$ _____

(3) Amount of expenses made from or the use made of the contributions Collected or received by Applicant.

Applicant's fee	\$ _____	
Cost of collection	\$ _____	
Salaries	\$ _____	
Commissions	\$ _____	
Other expenses	\$ _____	
Explain _____		Total Expenses \$ _____

B. Name of Charitable Organization: _____

(1) Total amount of contributions collected or received by Applicant from Utah sources. \$ _____

(4) Total amount of contributions collected or received by Applicant from all Donors [including line (1)]. \$ _____

(5) Amount of expenses made from or the use made of the contributions Collected or received by Applicant.

Applicant's fee	\$ _____	
Cost of collection	\$ _____	
Salaries	\$ _____	
Commissions	\$ _____	
Other expenses	\$ _____	
Explain _____		Total Expenses \$ _____

PART V: PROFESSIONAL FUND RAISING COUNSEL OR CONSULTANT

1. Is Applicant a Professional Fund Raising Counsel or Professional Fund Raising Consultant?
[] Yes [] No If "yes", complete this Part. If "no", go to Part VI.
 2. State the purpose of the plan, management, advise, counsel or preparation of materials for, or respect to the solicitation and use of the contributions to be solicited for each charitable organization.
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3. Please check each of the applicable methods by which the plan, management, advise, counsel, or preparation of materials will be organized or coordinated and the projected length of time of the solicitation for each charitable organization.

Method of Solicitation	Dates of Commencement/Termination
[] consulting	_____ / _____
[] planning	_____ / _____
[] directing/scheduling mailings	_____ / _____
[] providing promotional materials	_____ / _____
[] providing other services	_____ / _____
(explain): _____	

4. Indicate the following information concerning the revenue and expenses **anticipated during the application period** for each charitable organization declared in this application.

A. Name of Charitable Organization: _____

- | | |
|--|----------|
| (1) Total amount of fees projected | \$ _____ |
| (2) Total amount of Applicant's anticipated expenses. | \$ _____ |
| (3) Total net fees that are projected to be earned or received by Applicant.
[line (1) less line (2)] | \$ _____ |

B. Name of Charitable Organization: _____

- | | |
|--|----------|
| (1) Total amount of fees projected | \$ _____ |
| (2) Total amount of Applicant's anticipated expenses. | \$ _____ |
| (3) Total net fees that are projected to be earned or received by Applicant.
[line (1) less line (2)] | \$ _____ |

5. Are the amounts to be earned or received by Applicant as set forth above based on a flat fee arrangement? ☐ Yes ☐ No If “yes”, explain the facts that support the reasonableness of the fees to be paid by each charitable organization declared in this application.
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-

6. Please provide the following accounting summary for all contributions **collected or received within the calendar year immediately preceding the date of this application:**

A. Name of Charitable Organization: _____

(1) Total amount of fees earned or received by Applicant: \$ _____

(2) Total amount of Applicant’s expenses made from Applicant’s fee.

<u>List of payees</u>	<u>Amounts Paid</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Expenses: \$ _____

(3) Net fees earned or received by Applicant. \$ _____
[line (1) less line (2)]

B. Name of Charitable Organization: _____

(1) Total amount of fees earned or received by Applicant: \$ _____

(2) Total amount of Applicant’s expenses made from Applicant’s fee.

<u>List of payees</u>	<u>Amounts Paid</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Expenses: \$ _____

(3) Net fees earned or received by Applicant. \$ _____
[line (1) less line (2)]

PART VI: HISTORY

1. List all previous permits or licenses by state and date of issuance.

2. Has there been any injunction, judgment, or administrative order by a federal, state, or local agency against the Applicant or has the Applicant been convicted of any crime involving moral turpitude? ☐ Yes ☐ No If “yes”, please explain in detail including nature of proceeding, date, location and current status. Please provide a copy of the order.

3. Has there been any injunction, judgment, or administrative order or conviction of any crime involving moral turpitude with respect to any officer, director, manager, operator, or principal of the Applicant? ☐ Yes ☐ No If “yes”, please explain in detail including nature of proceeding, date, location and current status. Please provide a copy of the order.

PART VII: ORGANIZATION IDENTIFICATION

1. Provide the following information for Applicant’s Registered Agent:

Name

Street Address

City

State

Zip Code

Telephone Number

Facsimile Number

2. List the following information concerning the Applicant’s partners, principals, officers and directors.

Name

Address

Telephone Number

PART VIII: DOCUMENTS TO ATTACH

1. Attach a copy of each of the following documents:

- A. The Applicant's articles of incorporation or other organizational documentation showing its current legal status (initial application only, unless amended);
- B. The Applicant's current by-laws or other policies and procedures governing its day-to-day operations (initial application only, unless amended);
- C. Current contract with parent foundation, if applicable;
- D. Vending device decal, if applicable; and
- E. Telephone script, if applicable.

PART IX: SIGNATURE / ACKNOWLEDGEMENT

DATED: _____

APPLICANT:

BY _____
ITS

By signing this application, the professional fund raiser, professional fund raising counsel, or professional fund raising consultant:

- affirms that this application is complete and not misleading; and
- acknowledges that fund raising in Utah will not commence until both the charitable organization, its parent foundation, if any, and the professional fund raiser or professional fund raising counsel or consultant are registered and in compliance with the Utah Charitable Solicitations Act.